

From: MATL CLMS-AUTOCLAIMS
To: MRS.CALICE@GMAIL.COM; TONY.CALICE@GMAIL.COM
Subject: 20-1W37-883
Attachments: FC0004464_0001192223124.pdf

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- ☐ State Farm Fire and Casualty Company
☐ State Farm Indemnity Company
☐ State Farm Mutual Automobile Insurance Company
☐ State Farm County Mutual Insurance Company of Texas
☐ State Farm Guaranty Insurance Company

Affidavit of Vehicle Theft

Name of Owner <i>Richard A Calice Jr</i>				Claim Number 20-1W37-883	
Name of Insured Richard Calice		Address - City/State/ZIP Code <i>43 Winterberry CT</i>		Home Phone <i>248-506-2138</i>	Date of Birth <i>12/12/1978</i>
Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single	Number of Dependents: <i>2</i>	Social Security Number (optional)		Driver's License Number/State Issued <i>C-420-738-067-944</i>	
Occupation <i>Business Analyst</i>		Employer's Name			Phone
Date of Theft <i>12/6/2012</i>	Time <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Make of Vehicle	Year <i>2011</i>	Model <i>Subaru</i>	Body Type <i>Outback</i>
License Plate Number <i>3AT2021</i>		VIN <i>4S4BRBCC7B3390043</i>		State/Province <i>MD</i>	
Number of Cylinders	H.P. or C.I. or Liter	Odometer Reading	Was vehicle locked? <input type="checkbox"/> Yes <input type="checkbox"/> No		Were keys left in vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was vehicle equipped with anti-theft device? <input type="checkbox"/> Yes <input type="checkbox"/> No		Value of Vehicle \$	Specific location from which vehicle was taken <i>43 Winterberry CT</i>		
Reason vehicle was left at this location <i>HOME</i>					
Name and address of person who left vehicle at this location <i>Self</i>				Driver's License Number	
Date you last saw your vehicle	Time <i>2</i>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Name and address of others who were present		
Date theft discovered	Time <i>7</i>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Who made the discovery?		
Date theft reported to police	Time <i>8</i>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Name and Location of Police Station		
Police Case Number <i>12341-0338</i>	Officer Name <i>Guillion</i>		Badge Number <i>#4719</i>		
Did police make an arrest or have any suspects? <i>NO</i>		Has vehicle been recovered? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Where? <i>Curtis Bay landfill</i>	When? <i>12/8</i>
Who recovered the vehicle?		Condition?			
Has vehicle been damaged during the past three years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Type of damage	Amount of damage \$		Date
Were repairs made? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial		Who made the repairs?			
Name and address of insurance company who paid claim damages, if any:				Any other claims in the last three years on this or any other vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	

List all items stolen:

Brand Name	Model	Serial Number	Date of Purchase	Purchase Price	Name and Address of Seller
<i>Murrell Shoes</i>				<i>100</i>	
<i>Dyson</i>	<i>Air Blade</i>			<i>620</i>	
<i>Folding Chairs</i>					

If original equipment, so state and omit serial numbers. If not original equipment, furnish receipts of all items stolen.

Vehicle Equipment (Check if vehicle had any of the following)

Accessories <input type="checkbox"/> Power Steering <input type="checkbox"/> Power Brakes <input type="checkbox"/> Power Locks <input type="checkbox"/> Power Windows <input type="checkbox"/> Power Mirrors <input type="checkbox"/> Cruise Control <input type="checkbox"/> Tilt Wheel <input type="checkbox"/> Air Conditioning <input type="checkbox"/> Dual Air Conditioning <input type="checkbox"/> Anti-Lock Brakes <input type="checkbox"/> 4 Wheel Disc Brakes <input type="checkbox"/> 4 Wheel Steering <input type="checkbox"/> Air Bag - Driver <input type="checkbox"/> Air Bag - Other <input type="checkbox"/> Power Antenna <input type="checkbox"/> Rear Wiper <input type="checkbox"/> Rear Spoiler <input type="checkbox"/> Remote Trunk Rls.	Other Accessories <input type="checkbox"/> AM Radio <input type="checkbox"/> AM/FM Stereo <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM Cass/CD <input type="checkbox"/> CD Player <input type="checkbox"/> CD Changer <input type="checkbox"/> Equalizer <input type="checkbox"/> Alarm System <input type="checkbox"/> Remote Starter <input type="checkbox"/> Keyless Entry <input type="checkbox"/> Navigation System <input type="checkbox"/> DVD Player <input type="checkbox"/> GPS <input type="checkbox"/> VCR <input type="checkbox"/> Center Console <input type="checkbox"/> Overhead Console <input type="checkbox"/> Rear Entertainment <input type="checkbox"/> TV Monitor	Seats <input type="checkbox"/> Power Seat <input type="checkbox"/> Dual Power Seat <input type="checkbox"/> Heated Seats <input type="checkbox"/> Lumbar <input type="checkbox"/> Adjustment <input type="checkbox"/> Split <input type="checkbox"/> 60/40 <input type="checkbox"/> Bucket <input type="checkbox"/> Cloth/Velour <input type="checkbox"/> Leather <input type="checkbox"/> Vinyl <input type="checkbox"/> Captain Chairs <input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 Glass <input type="checkbox"/> Heads Up Display <input type="checkbox"/> Heads W/S <input type="checkbox"/> Heated Back Glass <input type="checkbox"/> Tinted Glass <input type="checkbox"/> Privacy Glass	Roof <input type="checkbox"/> Vinyl Top <input type="checkbox"/> Luggage Rack <input type="checkbox"/> Roll Bar/Light Bar <input type="checkbox"/> Convertible Top <input type="checkbox"/> Sunroof-Power <input type="checkbox"/> Sunroof-Manual <input type="checkbox"/> Sunroof-Pop-Up Trucks/Vans <input type="checkbox"/> Television <input type="checkbox"/> Sliding Rear Window <input type="checkbox"/> Power Rear Window <input type="checkbox"/> 2 Door <input type="checkbox"/> 4 Door <input type="checkbox"/> Extended Cab Drive Train <input type="checkbox"/> 2 WD <input type="checkbox"/> 4 WD <input type="checkbox"/> Auto Lock Hubs <input type="checkbox"/> Manual Lock Hubs	Transmission Type <input type="checkbox"/> Auto <input type="checkbox"/> Manual <input type="checkbox"/> Limited Slip Bumpers <input type="checkbox"/> Rear Step <input type="checkbox"/> Tube <input type="checkbox"/> Chrome <input type="checkbox"/> Chrome Step Wheels <input type="checkbox"/> Custom Wheels <input type="checkbox"/> Wire Wheel Covers <input type="checkbox"/> Aluminum/Alloy <input type="checkbox"/> Chrome <input type="checkbox"/> Styled Steel <input type="checkbox"/> Dual Read Wheels Suspension <input type="checkbox"/> Trailer Tow Package <input type="checkbox"/> Off Road Package <input type="checkbox"/> Camper Special Package	Other <input type="checkbox"/> Grille Guard <input type="checkbox"/> Fog Lights <input type="checkbox"/> Winch <input type="checkbox"/> Camper Shell <input type="checkbox"/> Bed Liner <input type="checkbox"/> Spray-in Bed Liner <input type="checkbox"/> Rear Tool Box <input type="checkbox"/> Auxiliary Tank <input type="checkbox"/> Hydraulic Liftgate <input type="checkbox"/> Lift Kit <input type="checkbox"/> Ground Effect <input type="checkbox"/> Trailer Hitch <input type="checkbox"/> Running Boards Paint <input type="checkbox"/> 2-Tone <input type="checkbox"/> Custom <input type="checkbox"/> Graphics
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After Market Equipment

Other: _____

Purchased From: _____

Vehicle Condition

Paint:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Transmission:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Engine:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
Body:	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent

Other distinguishing features: (dents, decals, interior, etc.)

Name and address of service station/garage for routine maintenance

Phone and contact person

Date last serviced
9/21/12

Date last inspected

Date car purchased

☐ New ☒ Used

Purchase price?

\$ 24,500

Trade-in Allowance

\$ 500

Seller Dealer/Individual

Name and Address
Heritage Subaru

How did you learn the car was for sale? Sales

How was the car paid for?

☐ Cash ☐ Check

If financed, Name and Phone Number of Lienholder

PNC Bank

Account Number

Balance Due

\$ 22,620.60

Loan Terms

3%

Months

60

Date of last loan

payment made 11/24/12

Is account past due?

☒ No ☐ Yes How long?

Are keys in your possession?

☐ Yes ☐ No

How many keys for vehicle?

How many keys were in your possession?

Do you have other theft insurance?

☐ Yes ☒ No

Policy Number

168 1478-B14-20B-001

Name of GAP insurance company?

Was this a rebuilt wreck?

☐ Yes ☐ No

Was it a recovered theft?

☐ Yes ☐ No

If yes, date of theft

Are the answers you have given true to the best of your knowledge and belief? ☐ Yes ☐ No

I am presenting a claim for damages that resulted from the theft of my vehicle as described in the Affidavit of Vehicle Theft and Claim Report.

Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

By signing this document, I hereby attest, under penalty of perjury, that the information contained herein is true to the best of my knowledge.

Policyholder (Signature)

R. Jay Calie Jr.

Date 12/13/2012

Address 43 Winterberry Ct / Cockeysville, MD 21030

